

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34325 (3)
1. Corporation Name
KIWANIS CLUB OF LAKE SEMINOLE FOUNDATION, INC.



Principal Place of Business Mailing Address
~~5 FREDRICK F. RUDOLPH~~
P. O. BOX 4453 SEMINOLE FL 34642-1453
~~5 FREDRICK F. RUDOLPH~~
P. O. BOX 4453 SEMINOLE FL 34642-1453

3. Date Incorporated or Qualified **09/21/1989** 3a. Date of Last Report **07/25/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3040994		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent

MAUS, ROBERT
9569 117TH ST N
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAUTWEIN, WILLIAM	1.2 NAME	
STREET ADDRESS	1949 LOS LOMAS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAZZARO, RITA	2.2 NAME	
STREET ADDRESS	11470 72ND TERRACE N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34642	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRDWELL LARRY E.	3.2 NAME	
STREET ADDRESS	4910 38TH WAY 310	3.3 STREET ADDRESS	13583 Cordova Drive
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	Largo, FL. 34644
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRDWELL, GINA KIZER	4.2 NAME	
STREET ADDRESS	4910 38TH WAY 310	4.3 STREET ADDRESS	13583 Cordova Drive
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	Largo, FL. 34644
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOEY MIAZGA	5.2 NAME	
STREET ADDRESS	9209 SEMINOLE BLVD 54	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34642	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William Trautwein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 1996

813-446-3055

CR2E037 (12/95)